

The Commonwealth of Massachusetts

ANNUAL REPORT

OF THE

TRUSTEES OF THE DANVERS
STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1922

DEPARTMENT OF MENTAL DISEASES



PUBLICATION OF THIS DOCUMENT
APPROVED BY THE
COMMISSION ON ADMINISTRATION AND FINANCE

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OFFICERS

OF THE

DANVERS STATE HOSPITAL

NOVEMBER 30, 1922.

TRUSTEES.

Mr. S. HERBERT WILKINS, <i>Chairman</i>	Salem.
Mr. JAMES F. INGRAHAM, Jr.	.	.	.	.	.	.	Peabody.
Dr. ARTHUR C. NASON	.	.	.	.	.	.	Newburyport.
Mrs. LOUISE M. PORTER	.	.	.	.	.	.	Peabody.
Mr. SAMUEL COLE	.	.	.	.	.	.	Beverly.
Mr. WILLIAM W. LAWS	.	.	.	.	.	.	Beverly.
Mrs. ANNA H. MARSH	.	.	.	.	.	.	Danvers.

RESIDENT OFFICERS.

JOHN B. MACDONALD, M.D.	.	.	.	.	.	<i>Physician and Superintendent.</i>
EDGAR MAULE BLEW, M.D.	.	.	.	.	.	<i>Assistant Superintendent.</i>
OTIS F. KELLY, M.D.	.	.	.	.	.	<i>Senior Assistant Physician in Pathology.</i>
GUY C. RANDALL, M.D.	.	.	.	.	.	<i>Senior Assistant Physician.</i>
C. WEARNE BEALS, M.D.	.	.	.	.	.	<i>Senior Assistant Physician.</i>
H. LINCOLN CHASE, M.D.	.	.	.	.	.	<i>Assistant Physician.</i>
ISADORE GREEN, M.D.	.	.	.	.	.	<i>Assistant Physician.</i>
J. CHARLES LAPIERRE, M.D.	.	.	.	.	.	<i>Assistant Physician.</i>
JEAN CHARLES MILLER, M.D.	.	.	.	.	.	<i>Assistant Physician.</i>
Mr. ADAM D. SMITH	.	.	.	.	.	<i>Steward.</i>
Miss GLADYS E. LEACH	.	.	.	.	.	<i>Chief Clerk and Treasurer.</i>

HEADS OF DEPARTMENTS.

Mr. ARTHUR E. REED	.	.	.	.	.	<i>Supervisor, Male Department.</i>
Miss MARY JANE CASSELL, R.N.	.	.	.	.	.	<i>Superintendent of Nurses and Principal of Training School.</i>
Mrs. HARRIET A. READ, R.N.	.	.	.	.	.	<i>Supervisor, Female Department.</i>
Mr. FREDERICK A. TAYLOR	.	.	.	.	.	<i>Engineer.</i>
Mr. WILLIAM W. GORDON	.	.	.	.	.	<i>Head Farmer.</i>
Mr. CARLETON B. MOSHER	<i>Foreman Mechanic.</i>

OPHTHALMOLOGIST.

Dr. PHILIP R. DWYER	Salem.
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DENTIST.

M. N. MOORADKANIAN, D.M.D.	Lawrence.
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SOCIAL SERVICE DEPARTMENT.

Miss BERTHA C. REYNOLDS	<i>Head of Department.</i>
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INDUSTRY TEACHER.

Miss EDITH F. BEANE.

The Commonwealth of Massachusetts

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The Board of Trustees has the honor to submit the forty-fifth annual report of the Danvers State Hospital.

During the year the members of the Board have kept in as close touch as possible with the activities of the hospital. While pressure of business affairs, or other equally important exigencies, have on some occasions prevented a quorum meeting, the zeal and interest of the members have found expression in active concern in institutional affairs. We are assured that the members have been ever conscious of the trust reposed in them, and of the responsibilities and obligations of their office. Nor is there lacking equally obvious evidence of careful thought and study of the hospital essentials — the standards of care and treatment.

The general condition of the plant, outlays and expenditures, needs and improvements have received the heed of consideration to which, by their importance, they are entitled.

The animating principle of the Board has been service — coadjutant but unobtrusive, ardent but unobtrusive. It is our pleasure to record the unanimity of purpose and sentiment of the members of the Board throughout the year, when assembled in regular meetings. Full Board meetings, where a deep and earnest desire prevails to give the best of one's efforts to the cause of the afflicted, are among the most potent, helpful and stimulating influences in the life of the hospital.

Throughout the year, there has been felt in the hospital the continuing effect of war's aftermath, — the restiveness and instability of service. Ward service has been seriously affected by frequent emergency conditions incident to a discontented, floating and ever-changing personnel. Other departments, to a less but nevertheless appreciable degree, have suffered from the variable set and drift of popular currents. The day seems far distant when we may expect an end of the undisciplined spirit engendered by the passions and excitements, and the pernicious, revolutionary influences of the war upon the morale and attitude towards life's responsibilities of a large proportion of the people.

Conditions, so mischievous in influence as these, generally introduce demoralizing and disorganizing elements into the hospital system, which are difficult to detect or control before the disorder has attained somewhat the spread of an epidemic contagion. This sort of thing has only been too common an experience in these troublous times. The state hospital of to-day is unusually susceptible to inroads of this nature upon its morale. The yearly increase of population, the lack of provisions for this increase, the consequent overcrowding of wards, add manifold to the exactions and difficulty of care and treatment. Thus handicapped, the hospital has been confronted all through the year by the most serious problem of all, — the scarcity of trained workers and the attitude of a certain large element among the recruits who must be accepted for training in the service. Seldom have there been seen so many instances of lack of interest and sympathy in the work, nor so many where this attitude developed into covert disloyalty and rebellion against the rules. Whether some of these recruits be of the class which

enter the list of applicants with the design of stirring up discontent (as seems probable from various disclosures); or agents of purveyors of sensational exaggerations who are dissatisfied with the common lot of humanity, betray good faith, and create to their own minds or greatly exaggerate the evils they complain of; or whether economic conditions compel them, temporarily, to take up an occupation for which they have neither taste nor liking, the result is apt to be unfortunate for the hospital and for the patient. Who can provide a remedy? A statement of these conditions, as they exist, is the first thing necessary in any consideration of the question.

During the year, a heavy burden was placed upon our repair force in the form of extra work, connected with the installation of equipment in the new power plant, installing steam lines, refrigeration lines, laying foundations, etc. It has resulted in the holding up of much general repair work which is greatly needed. The new year finds us in the same situation as respects the demands of the new plant. The foundations for engines and generators, the refrigerating plant, the construction of a dairy house adjacent to the store-house, will occupy the time of all our force in the season to come. To accomplish this amount of extra work and maintain the hospital plant in good condition is a task of herculean proportions.

NEEDS.

The institution needs a *modern kitchen and bakery*. This need has been urged in previous reports. The old power plant, when vacated, is excellently located for such a purpose. A culinary department, with modern equipment adequate to the increasing needs of the institution, demands early consideration.

Quarters for officers and employees is an urgent need. There are times when there is not a spare room in the employees' department. Rooms designed for single occupation are crowded with beds for two persons. The attics of the hospital and of one of the farm buildings are used as quarters. The medical officers' quarters are so crowded that we cannot find suitable quarters for our quota of physicians.

The *rear centre and the old storerooms* may be altered and renovated to provide much needed quarters, and spaces for research purposes, dentist's office, community room for the employees, and an admitting room for patients. By extending the building across the road to connect with the old power plant building would provide for an enlarging the dining-room space and immediate connection with the culinary department.

The program for such alterations would take two or three years to bring to completion. Meantime the needs of the institution are growing more pressing. The question of costs and architectural considerations should receive early attention.

A *building for occupational work* is one of our greatest needs.

A *store-house for vegetables* is needed. Plans calling for the construction of such a building, by the institution, have been submitted, but it is questionable if, with other pressure of work, it will be possible to carry them into effect.

The Trustees are pleased to record their confidence in the executive department, and to express their appreciation of the loyal service of all who have worked zealously for the best interests of the institution.

Respectfully submitted,

S. HERBERT WILKINS.
SAMUEL COLE.
JAMES F. INGRAHAM, JR.
ARTHUR C. NASON.
LOUISE M. PORTER.
WILLIAM W. LAWS.
ANNA H. MARSH.

SUPERINTENDENT'S REPORT.

To the Trustees of the Danvers State Hospital.

The forty-fifth annual report of the superintendent, covering the operations of the hospital for the fiscal year ending Nov. 30, 1922, is respectfully submitted.

The clinical reports and statistics relating to patients are for the period included within the year ending Sept. 30, 1922.

MOVEMENT OF POPULATION.

The hospital year began October 1, 1921, with 1564 patients in the hospital, 238 on visit, 17 on escape, and 19 in family care, — a total of 1838, and a decrease of 73 over the preceding year.

The year ended Sept. 30, 1922, with 1650 patients in the hospital, 313 on visit, 15 on escape, and 19 in family care, — a total of 1997.

Admissions for the year numbered 729, a total of 61 more than the previous year. Admissions of men showed an increase of 24 as compared with last year, and an increase of 37 women for the corresponding period.

Classified according to sex, the admissions were: males, 379, and females 350; for the preceding year, males 355, and females 313.

During the year 21 men and 19 women were admitted as voluntary patients, an increase of 16 over the previous year; 147 men and 129 women on temporary care papers, an increase of 30 for the year, and 9 men and 7 women by transfer from other institutions, an increase of 5.

FIRST ADMISSIONS.

Admissions for the first time to this or any hospital were 547 as compared with 500 last year, an increase of 47.

ADMISSIONS OF ALCOHOLICS.

First admissions of alcoholics numbered 52, or 10.1 percent of the total first admissions.

In 1919 first admissions of alcoholics comprised 9.2 percent of the total first admissions; in 1920, 4.7 percent; in 1921, 8.6 percent.

Total admissions of alcoholics, including first admissions and recurrences, numbered 57 in 1919, 32 in 1920, 53 in 1921, and 64 in 1922.

The following analysis of alcoholic cases was made by the pathologist, Dr. Otis F. Kelly:

ALCOHOLIC PSYCHOSES.

TABLE I.

	Males.	Females.	Totals.
Not Insane	—	—	—
Recovered	8	—	8
Improved	28	—	28
Unimproved	1	—	1
Died	4	3	7
Remaining in Hospital	15	5	20
	56	8	64

TABLE II.

	Males.	Females.	Totals.
Pathological Intoxication	1	—	1
Delirium Tremens	10	1	11
Korsakow's Psychosis	1	1	2
Acute Hallucinosiis	24	2	26
Chronic Hallucinosiis	5	—	5
Acute Paranoid	4	—	4
Chronic Paranoid	4	2	6
Alcoholic Deterioration	6	1	7
Other types —	1	1	2
	56	8	64

This group comprises 9.55 percent of the total insane admissions for the hospital year. Of the sixty-four, forty-five were first admissions. During the year there were five hundred and ten first admissions, of which, therefore, 10.2 percent are in this group of alcoholic psychoses. The outcome of these cases is seen in Table I. The types are seen in Table II. It is worthy of note that in reviewing the records of these cases, differences in symptomatology between these and alcoholic cases previous to the enforcement of prohibition were frequently noticed, — in 34 cases the entire staff agreed on the diagnosis and recognized atypical symptoms in 11 cases; 17 cases were sufficiently atypical to cause the staff to disagree on the diagnosis; the symptomatology of the remaining two cases was confused by the presence in one of tabo-paresis, and in the other epilepsy.

TABLE III. — *Ages.*

21 to 25 years	1
26 to 30 years	6
31 to 35 years	11
36 to 40 years	6
41 to 45 years	8
46 to 50 years	8
51 to 55 years	8
56 to 60 years	9
61 to 65 years	5
66 to 70 years	2
	64

Table III shows the number of patients admitted classified according to ages.

TABLE IV. — *Deaths.*

	Males.	Females.	Totals.
Delirium Tremens	2	—	2
Pneumonia	1	1	2
Cancer of the Stomach	—	1	1
Tuberculosis	1	—	1
Cerebral Thrombosis	—	1	1
	4	3	7

Of the seven deaths in this group, two are seen to be directly due to alcohol (delirium tremens); three others, the two due to pneumonia and the one due to cerebral thrombosis, might have been due to alcoholic condition.

Three more tables are added, — one concerning the alcoholic habits of these patients before the enforcement of prohibition, one concerning the source from which they obtained alcoholic beverages, the consumption of which led to their condition on admission, and third the kind of alcoholic beverage.

TABLE V. — *Alcoholic Habits Before Prohibition.*

	Males.	Females.	Totals.
Marked	37	3	40
Moderate	9	3	12
Abstinent	4	—	4
No data whatever	4	—	4
No data but probably alcoholic	2	2	4
	56	8	64

TABLE VI. — *Source of Drink.*

	Males.	Females.	Totals.
Undetermined	34	1	35
"Any place", "Any Bar-room", "They all sell it"	8	—	8
Drug Store (Jakey)	1	—	1
Made it	1	1	2
On the street	4	—	4
Neighbors	4	1	5
Refused to tell	4	1	5
From family at home	—	3	3
"At a christening"	—	1	1
	56	8	64

TABLE VII. — *Kind of Drink.*

	Males.	Females.	Totals.
Moonshine	28	2	30
Jamaica Ginger	4	—	4
Moonshine and Jamaica Ginger	6	—	6
"Wine"	2	1	3
Denatured Alcohol	1	—	1
Gin	—	1	1
Patent Medicines	—	1	1
"Jakey" hair tonic and essences	1	—	1
A bluish liquid	1	—	1
Undetermined	13	3	16
	56	8	64

DAILY POPULATION.

The daily average population was 1631, an increase of 55. The whole number treated during the year was 2569, — 10 less than the preceding year.

The death rate for the year was 248, as against 197 the preceding year, — an average of 9.6 percent on the basis of total number of cases under treatment.

DISMISSALS.

There were 572 dismissed during the year, — 303 men and 269 women.

There were discharged as recovered 8 patients, as compared with 48 in 1921; as improved, 215, as against 207 last year; as not improved, 43, as compared with 66 in 1921; and as not insane, 17, as compared with 13 in 1921.

At the end of the year there were 315 patients on trial visit in care of friends or under hospital supervision, as compared with 238 at the end of the previous year.

Since the organization of the hospital 23,895 patients have been admitted, and 21,898 discharged.

VIOLENT DEATHS.

Three deaths occurred by suicide; one by accidental asphyxiation; and one following accidental scalding.

Male, identification number 23334, admitted Dec. 23, 1921, violent and resistive; apprehensive, saying "everyone was talking about him." No known friends or relatives. History unknown except that he had had a police record of arrests and fine for drunkenness. On account of violence was kept under observation in a room. While the attendant was in the serving room on the ward preparing a tray of food for the patient's dinner — being absent not more than ten or twelve minutes — it appears the patient suspended himself by the neck from the foot of his bed, to which he had fastened his night-shirt, one part of which was tightly tied about his neck. Prompt measures of resuscitation proved unsuccessful. Coroner's examination was made with inquest findings: "Suicide by hanging".

Male, identification number 22437, aged sixty-two, admitted Aug. 21, 1920. Diagnosis, psychosis with cerebral arteriosclerosis. Committed suicide March 13, 1922. Had been doing some work in the bath room and ward, polishing and washing, for some time. On the day of his death he had gone quietly about such work as usual. In the afternoon he had gone to the bath-room, and from 3:00 to 3:25 p.m. it appears no one observed him. He was found at 3:25 p.m. suspended by means of a pair of drawers from a metal supporting rail in the room.

Male, identification number 22143, admitted Mar. 21, 1920. Diagnosis, involution melancholia. Committed suicide by hanging July 22, 1922. Early in July had manifested marked suicidal impulses. Several times attempted to provoke other patients to attack him. On account of his suicidal impulses and his provocative attitude towards others it was necessary to place him in a room with a glass door where he could be seen and his movements noted. Orders were given to keep him under close observation. On the night of July 22nd he was quite restless. Between 9:15 and 9:40 p.m., while the night attendant was engaged in changing the bedding of an untidy patient in the same ward, the patient fastened a sheet from his bed to the window screen, pulled the window down to make it more secure, formed a loop in the sheet and suspended his weight from it. The body was found in this position at 9:40 p.m. Inquest findings: "Suicide by hanging."

Male, aged sixty-six, identification number 23096, admitted Aug. 20, 1921. Diagnosis, senile dementia. Died Nov. 1, 1921, — accidental asphyxiation by food lodging in throat. At the noon meal, the patient had filled his mouth full of bread and fish chowder. He arose from his seat and soon was observed to be making attempts to cough and vomit. Physicians, who responded at once to the call, labored to remove the food from mouth and throat, afterward using the pulmotor and other means of resuscitation for over an hour without effect.

Male, aged fifty-four, identification number 23519, admitted Mar. 29, 1922. Diagnosis, general paralysis. On the afternoon of May 27, 1922, the patient was being bathed by an attendant. Contrary to all the rules of the hospital, and the instructions issued to all ward employees, the attendant placed the patient in the tub before he had drawn the bath and ascertained the temperature of the water. He turned on the water with the patient in the tub, and then left the room, returning in a minute or two. Not sufficient water had run in to immerse the patient, but his back and part of his limbs were scalded. He was immediately removed and given medical aid, but died four hours later. On complaint of the hospital the attendant was arrested and lodged in jail, charged with criminal negligence in causing the death of the patient by scalding.

MEDICAL ADMINISTRATION.

The following changes in the personnel of the medical staff took place during the year: —

Resignations.

Dr. George K. Butterfield, senior assistant physician, resigned Dec. 15, 1921.
Dr. Ransom A. Greene, assistant superintendent, resigned February 12, 1922.
Dr. Annette M. McIntire, assistant physician, resigned June 17, 1922.
Dr. Harvey M. Watkins, senior assistant physician, resigned August 31, 1922.

Appointments.

Dr. C. Wearne Beals, assistant physician, appointed April 4, 1922.
 Dr. Edgar Maule Blew, assistant superintendent, appointed May 22, 1922.
 Dr. Isadore Green, assistant physician, appointed June 3, 1922.
 Dr. J. Charles Lapierre, assistant physician, appointed October 16, 1922.
 Dr. Jean C. Miller, assistant physician, appointed November 6, 1922.

During the year the following promotions in the personnel of the medical staff were made:

Dr. Otis F. Kelly, assistant physician, to senior assistant physician in pathology, February 1, 1922.
 Dr. G. C. Randall, assistant physician, to senior assistant physician, June 1, 1922.
 Dr. C. Wearne Beals, assistant physician, to senior assistant physician, November 1, 1922.

Dr. Walter Fray, assistant physician, was temporarily employed during the summer for special work in the laboratory. He was assisted by Mr. Douglas M. Gay.

STUDENT INTERNES.

The custom of employing undergraduates of medical schools as student internes, during the summer months, has been continued. These positions were filled by undergraduates of the Johns Hopkins Medical School, the Woman's Medical College of Philadelphia, the University of Vermont and St. Lawrence University. The work of the student internes was of great value to the hospital. With the shortage of medical men, a great deal of work in the laboratory and clinical fields remained uncompleted, and this the internes undertook to finish up with commendable zeal and energy. Under the supervision of the regular staff they contributed valuable service.

The following students were in the service:—

Miss Marjorie E. Reed	June 25 to August 29, 1922.
Miss Beatrice Mitchell	June 25 to August 25, 1922.
Mr. Alvin E. Keller	June 7 to August 5, 1922.
Mr. James B. Hicks	June 7 to September 23, 1922.
Mr. Roy E. Turner	June 12 to September 14, 1922.
Mr. James E. Weinberg	July 26 to August 28, 1922.
Mr. Sherburne Campbell	June 27 to September 13, 1922.
Mr. Harold Hanna	June 30 to September 13, 1922.

SCHOOL CLINICS.

The examination of retarded school children has been conducted by Dr. Guy C. Randall. A psychologist has been engaged to assist in the work.

The school clinic has been able to meet the demands of the community satisfactorily. Credit for this is due Dr. Randall, whose earnest efforts and organizing ability have made this service a successful one, despite many difficulties.

SPECIAL COURSES OF STUDY FOR THE STAFF.

During the year arrangements have been made enabling members of the staff to take up special studies in medicine in connection with general hospital clinics. Dr. Isadore Green has attended the neuro-syphilis clinic conducted by Dr. Solomon. Dr. Otis F. Kelly has taken up X-ray study in one of the city hospital clinics, and Dr. C. Wearne Beals is attending an eye and ear course. Eventually it is expected that every member of the staff shall have an opportunity for special study in some clinic under recognized experts. It is considered most important that interest in physical diseases shall not suffer by too restricted an application to the psychiatric side of mental disorders. The clearer the knowledge and the greater the skill in diagnosis and treatment of physical conditions which often underlie mental disorders, the better is the psychiatrist fitted for his work.

Every member of the staff is assigned, in rotation, to a month's service in the pathological laboratory. Acting as assistant to, and under the direction of the pathologist, the clinician is thus trained to study his cases from the point of view of the laboratory. He performs autopsies, examines specimens, and takes part in the various routine work under the direction of the pathologist. Special attention is given to training in microscopy, especially in cases showing organic changes. With a shortage of assistants the assignment of a clinical man to the laboratory entails added duties upon the others, but this is more than compensated for by the new interest introduced into their work, and the very obvious advantage to all concerned.

MEDICAL WORK.

The customary routine treatment of syphilis, Wassermann tests, typhoid and smallpox vaccinations has been followed. All patients have been submitted to the Schick test, and toxin-antitoxin given in all cases showing susceptibility. The Schick test is now made as a routine on all admitted cases, and where there is susceptibility toxin-antitoxin immunity is induced.

Daily conferences were held for the purposes of diagnosis, consideration of discharge, and frequently to decide upon methods of treatment. Once a month the conference was devoted solely to problems of the social service department.

During the year 1101 cases were presented at staff conference. Of these, 671 were for diagnosis, 20 for reconsideration of diagnosis, and 410 for consideration of parole.

The almost universal interest in psychotherapeutic and pseudo-psychotherapeutic methods and achievements, real and fancied, has stimulated the staff to increased efforts along the lines of psychotherapy. With the assistance of the social service department a consistent program of investigation of social, environmental and psychological factors, directly or indirectly associated with the development of the mental disorder, has been attempted in cases where such factors appear to have had a bearing on the origin or course of the disease. Doubt ceases to exist that under certain conditions these factors play a very important part.

Seasonally, what time the herring run is on in the Taunton River and the first annual wave of "experts" in matters occult, psychic or psychological strikes our shores it becomes incumbent upon members of the staff to discuss this subject many times with visitors to the hospital and our clinics. The spirit of these seekers of light furnishes an interesting subject of study. There are those who are simply curious, those who are credulous, those who are fanatical and seek converts to their beliefs and so on up to those who earnestly desire knowledge and understanding. A good many of these inquiries are made in the spirit of jesting Pilate asking "what is truth". But more often, instead of following the example of the Roman Governor who would not stay for an answer, the introduction serves but to open the flood-gates to such a spate of blind faith and credulous assertions, relevant and irrelevant, that the bewildered listener can only earnestly yearn for the coming of a time when more exact knowledge shall prevail, generally, regarding the fundamental laws governing mental processes. "The reason o' the cause, an' the wherefor o' the why" is "gey and easy spierin"; but as the beggar-wife in Stevenson's verse said, in these instances "'Tis anither riddle brings the tear into the e'e." Even so, it is politic to treat not irreverently this sort of vogue which obviously is, for many, a comforting and cheering thing, not to be over-curiously analyzed or subjected to nice tests of reasoning.

For, these are signs representing a growing interest in mental hygiene; misguided perhaps, but yet springing from desire of knowledge. Sooner or later a better understanding of these things by the public will limit the field of activity of the "faith-cure" artist, and along with him other great deceivers of mankind, certain choice, darkly-wise specialists whose systems of practice and arts are proclaimed as having triumphed even over the ravages suffered of Time, — clipping redundancies from his interior furnishings, refitting worn-out mechanisms with new parts, drawing his teeth, rejuvenating and freeing him from the ac-

accumulated dross and grossness of long years of hard usage and abuse, by strange and startling devices. All of which tends to the great delight and pleasure of mortal man, and is not without advantage to the discoverers and dispensers of these panaceas, upon a very obvious account.

Benefactors of mankind! Artisans and actors! Every one of them operating in the guise and name of science. Bottom and Quince, Snug the joiner, Starveling the tailor, Flute the bellows-mender, Snout the tinker! And a public enchanted like Titania, delighting in the felicity of being well-deceived! "Mine ear is much enamoured of thy note, and thy fair virtue's force perforce doth move me", sighs Titania. And so the marvellous comedy goes on and on, and will continue until the light of public education reveals the mountebank in his true colors and proportions.

TREATMENT OF SYPHILIS.

We have followed the established routine of intensive treatment of all cases with positive signs of syphilis, unless contra-indicated by other physical conditions. A considerable number of neuro-syphilitic patients, thus treated, have shown remarkable remissions — some of them being able to take up former occupations. All such cases, when released from the hospital, are kept under social service supervision, and required to report regularly, either at the hospital or established clinics for treatment.

HYDROTHERAPY.

During the year a thorough course of instruction in the various methods of applying hydriatic treatment was given by Dr. Rebecca Wright, whose services had been procured through the efforts of the Commissioner. Classes in hydrotherapeutic practice were held for nurses and attendants, and a course of lectures on the principles of hydrotherapy was given by Dr. Wright, which were followed with interest by the nursing force as well as by the physicians.

The following table shows, in part, the hydrotherapeutic activities of the year:

	Males.	Females.	Totals.
Wet sheet packs, as preparatory treatments	106	309	415
Foot baths, as preparatory treatments	1,022	882	1,904
Salt glows	735	800	1,535
Fomentations	32	36	68
Hot and cold to spine	84	122	206
Shampoos	494	497	991
Electric light baths	283	69	357
Wet mit friction	33	5	43
Sitz baths	—	35	35
Head shampoos	—	44	44
Needle sprays	3,264	2,643	5,907
Fan douches	2,874	1,990	4,864
Jet douches	278	403	681
General massages	402	—	402
Local massages	22	—	22
Electric treatments	152	—	152

	Number of Baths.	Number of Hours.
Continuous baths:		
Males	199	337
Females	826	1,233
Totals	1,025	1,570
Saline baths:		
Males	86	54
Females	209	120
Totals	295	174

OCCUPATIONAL THERAPY.

Classes in occupational therapy and habit training have been conducted successfully both in the wards and the occupational centre. Special efforts have been directed towards training the chronic, deteriorated class in habits of orderly application. The fact that the work among this class of patients must be carried on in the wards, where there is much over-crowding of space, is most regrettable. The best results cannot be obtained under such conditions. It discourages both patients and teachers. It entails a great waste of energy and special talent which, under more favorable circumstances, might accomplish invaluable results in rehabilitation. The State can ill afford to neglect this most helpful form of therapy, and until proper quarters are provided for this work the only comment which can be made is that it is neglected.

Another handicap to this form of therapy is that the provisions for material, etc., are meagre in the extreme. Supplies for this work can now be obtained only by drawing upon the rather limited appropriations for "furnishings" and "clothing". Much study and finesse is necessary to fill the requirements of these various divisions, and to keep expenditures within our appropriations. There was a time when the occupational department was practically self-supporting, and the progress of this form of therapy was the most encouraging feature of hospital work. Since the department has been obliged to turn in its receipts instead of applying them to its needs, and since practically nothing additional in the way of appropriation has been allowed to make up for loss of revenue, this division of medicine in the state hospital has suffered a decline, so that a fair description of present conditions would be that it is carried on not actively, but that it languishes. Something better than this is earnestly hoped for.

This is not in any sense to be considered as a criticism of the personnel of this department, for no one could accomplish more with the means at her command than Miss Edith F. Beane, head occupational therapist.

DENTISTRY.

Dr. Mesrop N. Mooradkian, the resident dentist, has given full time service to the needs of our patients. In addition, a dental examination including X-rays when indicated, is part of the regular physical examination of all patients admitted. The service in this department is an active, busy one, and it has been conducted conscientiously and satisfactorily.

The following is a report of the dental service rendered during the year:

Extractions	2,502
Impacted	9
Fillings	1,307
Prophylaxis	1,760
Treatment of abscessed teeth	83
Roentographs taken	135
Impressions for plates	15
Vulcanite plates completed	15
Extractions under nitrous oxide	2
Extractions under ether	2
Miscellaneous	181
Dental examinations made	6,000

PATHOLOGICAL LABORATORY.

With the idea that one of the most important functions of the pathological laboratory is to stimulate the spirit of research among the members of the staff as a whole, and to give the clinical men, and therefore the patients, the advantages of knowledge gained only through laboratory study, a departure from old methods, suggested by the pathologist, has been made, so that now each member of the staff is assigned in rotation to service in the laboratory.

The pathologist submits the following report of the year's work:

During the first four months of the hospital year, from October 1, 1921, to February 1, 1922, the work of the laboratory was carried on by Miss Harriet J. Gordon and Mr. Gilman Brown, with the aid of the clinical staff, in the absence of a pathologist. Since the latter date it has been under the direction of the present pathologist.

The work of routine clinical pathology during the year has involved the examination of —

906 specimens of urine.
127 specimens of spinal fluid.
61 specimens of blood (cytological).
56 bacteriologic specimens (including feces).

Quantitative estimation of sugar has been added to the routine examination of spinal fluids.

During the year, 57 autopsies have been performed, there having been 240 deaths. The percentage of deceased coming to autopsy, therefore, has been 23.75 percent. The character of the cases thus examined may be seen from the following table:

Senile dementia	6
Cerebral arteriosclerosis	13
General paresis	13
Cerebral syphilis	2
Huntington's chorea	1
Brain tumor	2
Delirium tremens	1
Cardio-renal disease	2
Manic depressive manic	1
Manic depressive depressed	3
Involutional melancholia	4
Dementia præcox	2
Imbecile	2
Undiagnosed —	
Probably dementia præcox	1
Suicide	1
Bronchopneumonia	1
Secondary dementia	2
Total	57

In addition to these, by cooperation with the Salem Hospital, one case of Encephalitis Lethargica was studied.

Histologic examination of the brain, as completely as is consistent with the limited laboratory force at present available, has been added this year to the routine examination of the trunk viscera, cranial contents and spinal cord. It should be remembered that the chief value of this added work should lie in the better understanding of the basis of the psychoses which the repeated review of anatomical and histological lesions gives to the clinical staff.

The X-ray work continues to be done by Mr. Gilman W. Brown. During the year, 314 patients were examined by X-ray, involving a total of 524 exposures, 322 of which were for dental diagnosis. The diagnostic usefulness of the X-ray, particularly in the study of the chest, abdomen and pelvis, would be greatly increased by the addition of proper intensifying screens, Potter-Bucky diaphragm and fluoroscopic apparatus.

Miss Gordon has added to her duties the training in urinalysis of the students of the Nurses' Training School.

Courses in pathology of the psychoses were given to the clinical assistants (medical students) during the summer months.

In June, the conduct of antisiphilitic treatments was taken from the pathologist and restored to the clinical staff.

Investigation of the source of sporadic cases of diphtheria, which had been appearing in this hospital since November 1920, was begun by Dr. Walter W. Fray, bacteriologist, July 11, 1922, assisted from July 22nd to September 23rd by Mr. Douglas M. Gay. The work, which involves the bacteriological examination of cultures from the noses and throats of all patients and employees, with animal inoculation of all diphtheroid organisms found, is still in process of being performed at the close of the hospital year.

Respectfully submitted,

OTIS F. KELLY, M.D.,
Pathologist.

THE TRAINING SCHOOL FOR NURSES.

Mrs. Arvilla Feckler resigned her position as Superintendent of Nurses and Principal of the Training School May 31, 1922.

Miss Mary Jane Cassell was appointed Superintendent of Nurses and Principal of the Training School September 27, 1922. Miss Cassell is a graduate of Columbia University, and her ability as a teacher and executive has already been demonstrated.

REPORT OF THE SUPERINTENDENT OF NURSES.

To the Superintendent.

I herewith submit the annual report of the Training School for Nurses.

The nursing staff for the year ending November 30, 1922, was as follows:—

Superintendent of nurses	1
Assistant superintendent of nurses	1
Housekeeping supervisor	1
Head nurses	5
Assistant head nurses	2
Charge attendants	4
Assistant charge attendants	5
Day nurses, students	18
Day attendants	40
Night nurses, graduates	2
Night nurses	2
Night attendants	10
Seniors	3
Juniors	14
Oral hygienist	1
Hydrotherapist	1

The regular school year commenced in October, and with the institution of regular evening study hours, the school soon became routinized, and satisfactory work began.

In October 25, 1922, the Training School graduated four Nurses:—

Miss Violet Ellis,
Mrs. Arlina Streit,
Miss Dorcas Ellis,
Mrs. Mary G. Skinner.

the latter being retained as a graduate charge nurse on one of the heaviest wards of the hospital.

The Danvers State Hospital Training School now claims 240 graduate nurses in the enrollment.

The Senior class numbers three, the junior class twelve, and although small in number the faculty are pleased with the results of the examinations and the zeal and enthusiasm with which the students engage in their study and work.

We have been fortunate in having presented, by lecture and demonstration, special courses in oral hygiene, eye, ear, nose and throat, dietetics, and the numerous autopsies have been of unquestionable value.

To the medical staff, and also my assistants, I wish to express my appreciation of your valuable cooperation in the adjustments made necessary by changes in the personnel.

Respectfully submitted,

MARY JANE CASSELL, R.N.,
Superintendent of Nurses.

SOCIAL WORK.

The social service department, under the direction of Miss Bertha C. Reynolds, has rendered, as usual, invaluable service to the medical staff, the patients, and the community.

Miss Reynolds has been assisted in the work by Mrs. Norma B. Sturtevant, and Miss Ruth Gegenheimer has served as a volunteer worker since September 11, 1922.

The following report of this department is submitted:

REPORT OF THE SOCIAL SERVICE DEPARTMENT.

To the Superintendent.

I herewith submit the report of the social service department for the year ending Nov. 30, 1922.

ANALYSIS OF WORK DONE.

TABLE I. — *Number of Patients dealt with and Disposition of Cases.*

	Males.	Females.	Totals.
Number on the pending list Nov. 30, 1921	12	27	39
New cases	186	127	313
Cases renewed from previous years	41	47	88
Total number of patients dealt with	239	201	440
Number of cases closed during year	225	170	395
Cases pending Nov. 30, 1922	14	31	45

TABLE II. — *Sources of New Cases.*

Referred by physicians of this hospital	240
Referred by outside agencies	33
Referred by friends of patients	2
Referred on the patient's own initiative	5
Selected by the social worker	33
	313

TABLE III. — *Medical Diagnoses of New Cases.*

Traumatic psychoses	1
Senile psychoses	6
Psychoses with cerebral arteriosclerosis	28
General paralysis	15
Psychoses with cerebral syphilis	2
Psychoses with Huntington's chorea	1
Psychoses with brain tumor	1
Psychoses with other brain disease	1
Alcoholic psychoses	39
Psychoses due to drugs, etc.	3
Psychoses with other somatic diseases	7
Manic-depressive psychoses	47
Involution melancholia	14
Dementia præcox	65
Paranoid condition	6
Epileptic psychoses	6
Psychoneuroses	4
Psychoses with mental deficiency	26
Undiagnosed psychoses	25
Not insane	14
Not brought before the staff	2
	313

TABLE IV. — *Purposes for which Cases were considered.*

Medical history, taken in hospital	82
Medical social history, outside hospital	115
Investigation covering social life history	10
Investigation to clear up special points	42
Investigation of home conditions for discharge	39
Social plan and treatment	8
Social supervision	109
Family assistance	2
Following up syphilis treatments	1
Visiting while boarded out by hospital	21
Miscellaneous	70

TABLE V. — *Social Problems.*

	Males.	Females.	Totals.	Males.	Females.	Totals.
Disease:				200	112	312
Mental	193	109	302			
Physical	7	3	10			
Personality defects in patients				27	33	60
Temperament	7	18	25			
Sex difficulties	3	5	8			
Anti-social habits	17	5	22			
Resourcelessness	—	5	5			
Environment				28	45	73
Financial difficulties	2	1	3			
Employment difficulties	10	8	18			
Lack of suitable surroundings	5	17	22			
Disharmony of others	11	19	30			
Legal difficulties				11	12	23
Concerning property	4	—	4			
From the conduct of patient	7	8	15			
From conduct of others	—	4	4			
Unclassed problems				1	10	11
No social problem found				7	19	26
				275	231	506

TABLE VI. — *Service rendered.*

	Males.	Females.	Totals.
Medical:			
Contribution to diagnosis	161	72	233
Contribution to decision in regard to discharge	14	30	44
Contribution to decision in regard to return	4	1	5
Connecting patient with medical advice	5	7	12
Social:			
Social analysis of complex case	—	8	8
Social plan for discharge	2	3	5
Social adjustment for patients outside hospital	13	10	23
In environment: females 1, males 3, total 4.			
In personal relations: females 12, males 7, total 19.			
Connecting with social agencies or helpful individuals ¹	66	5	71
Assistance to families of patients	2	1	3
Contribution to morale of patients or families	34	41	75
Miscellaneous ¹	68	14	82
No social service	4	—	4
	373	192	565

¹ Most of the men were ex-service men worked with in cooperation with the representative of the American Red Cross, and most of the miscellaneous service for men was in connection with compensation claims.

SOCIAL CASE WORK.

The year has not been one of spectacular achievement but of accomplishment covering a wide range of social problems and offering a variety of forms of service. It has meant for the department mainly a strengthening of foundations and a better analysis of experience. Some intensive study of case records has been done to test whether we are thinking clearly and deeply on the social maladjustments of the individuals who come to us. The problem of social prognosis in its practical bearing on the best placing of our efforts is before the members of our department for consideration, although, like social workers in other fields, we are only beginning to gather data on the subject. What two or three people can do toward the re-establishment in the community of the large number of patients who have met severe strain in the conditions of their life, must be done with the maximum of trained skill as well as sympathetic understanding.

PERSONNEL.

The social service department has had two full time paid workers since January first, when Mrs. Norma B. Sturtevant came from work with the United States Veterans' Bureau. In September Miss Ruth A. Gegenheimer came from the Smith College Training School for Social Work for the eight months' period of practical work in connection with the course.

SPECIAL STUDY.

A careful study has been made of the after-care work done in four years from Sept. 30, 1918, to Sept. 30, 1922. Its results may be briefly summarized as follows:—

1. *Selection of Cases.*—All persons found to have received two or more after care visits during that period. This number was 132,—48 men and 84 women.

2. *Age Groups.*—Thirty-one per cent come in the age group 20 to 29 years; and twenty-two percent each in the groups 30 to 39 and 40 to 49 years. The other twenty-five percent is about equally divided between the adolescent years under 20 and the period over 60.

3. *Diagnoses.*—Nearly all forms of mental disease are represented, with dementia præcox leading with 37 percent; manic depressive next with 20 percent; and mental deficiency with 14 percent.

4. *Source and Purpose.*—Fifty percent first came to social service referred by physicians. The purposes in two-thirds of the cases were for something other than after-care, such as histories, or investigations, and, being known, they were then given after care visiting also. Twenty-four percent were selected by the social worker for after-care.

5. *Social Problems.*—The main problems in the cases of the 132 persons treated number 162. They were divided into five main groups:

	Cases.
(a) Diseases, mental or physical	64
(b) Personality defects in the patient	35
(c) Environmental difficulties	41
(d) Legal problems	9
(e) No problem, except that of maintaining a good social adjustment	13

The problem was considered to be *disease* when the patient could not be adjusted socially, except as a more or less sick person. *Personality defects* were considered such, even though due to some mental disorder, if they could be dealt with as are the same defects in other persons in the community, *e.g.*, a tendency to self-accusation or to blaming others for one's difficulties. *Personality defects* include not only problems of temperament but sex difficulties, anti-social habits, including use of intoxicants, and even the resourcelessness that calls for outside help of some sort. *Environmental problems* were financial, (in a very small number was this the main problem), employment difficulties and problems of lack of suitable surroundings (11 and 12 respectively out of 41) and problems arising from the lack of harmony of other persons in the environment, (17 cases). In two-thirds of the cases the difficulties were with the mate, cases where the latter was at least as much out of the normal in behavior as the patient. The *legal problems* divided between 3 over property, 4 arising from the conduct of the patient, and 2 forced upon the patient by the conduct of others.

6. The amount of service may be roughly estimated as follows:—

Patients receiving after care visiting only	11
After care visiting plus clinic reporting	28
After care plus history or investigation other than for discharge	19
After care plus investigation for discharge	22
After care visiting plus some social treatment	52

A study of the figures shows that the proportion receiving active social treatment of some sort, such as employment, change of environment, etc., in addition to after care visiting rises regularly from 26 percent, in the group receiving only two visits, to 50 percent in the 5-visit group, and 74 percent in the group having 6 or more visits. The 52 social treatment cases were almost all known to need active adjustment either at time of discharge or soon after, and were therefore a selected group of cases to whom social service was a necessity. We see that a large number of after care visits have usually not been made without some definite social service being done.

7. The outcome in these cases is of course extremely difficult to estimate. Success has been taken to mean ability to carry the amount of responsibility normal to the patient throughout his life, and, if troubled by mental symptoms, ability to control them so as not to interfere with conduct. Where there are ups and downs the tendency "on the whole" is taken. In seven cases the outcome was not known up to the time the patient was discharged from his year of visit (or in two cases up to the present, the patient being still on visit). Of the 125 patients known, 42 percent were on the whole unsuccessful and 58 percent successful. Twenty-eight percent of the unsuccessful remained out of the hospital for a year or more but were doing poorly. The rest returned during their year of visit. Many of these, it should be said, were not expected to do well permanently, but social supervision made possible some stay in the community. Of the successful, 77 percent remained out for a year or longer, although 12

percent of this number returned, after two or three years, with another attack. The 52 socially treated cases had a slightly lower percentage of success (54 percent) than the merely visited (63 percent). That the percentage is so close is surprising when one considers that the socially treated were selected for their difficulty and need of social service, and were cases where success could not have been hoped at all without it.

On the whole, the conclusion is that the cases selected for after care are a needy but not a hopeless group. The results seem to show the need of at least the equivalent of one worker's time for after care work. With a department of two workers, after care visiting can be done only incidentally to the work with acute referred problems. After care, undertaken systematically, should reach with more than one visit a much larger number of the patients leaving the institution, and the need found calls for a worker to give much more time to this part of the work.

The achievements of the year have been made possible only by the whole hearted cooperation of the medical staff and many others, in the hospital and in the community, to all of whom is due a most grateful acknowledgment.

Respectfully submitted,

BERTHA C. REYNOLDS,
Head Social Worker.

NEW CONSTRUCTION.

The necessity of taking on some of the work of construction in the new power plant by our force of mechanics will interfere seriously with ordinary repairs during the year. Since work on the new plant has been begun we have suffered many things in the way of repairs to lie over until the time when extra demands cease to press heavily upon us.

Foundations for compressors and engines must be laid this coming year.

An addition to the store-house, to be used as a dairy and refrigerating house, must be erected.

An electrician's shop, in part of which the switchboard will be installed, must be erected.

An extra piece of work accomplished by our force of mechanics was the construction of a concrete tunnel for brine lines, etc., from the power house to the service building.

The brine lines from the power house to the main hospital must be laid by our own force.

Feed wires to the main plant are expected to be laid by our own men.

In addition, considerable changes in connection with replacing pumps, necessary work in connection with the steam mains, and other changes in the plant, which appear necessary in the interest of efficiency, will fall upon our operating force.

There is no space in the power plant which can be used for the engineer's office. It becomes necessary for us, therefore, to supply this deficiency by erecting ourselves a building, or addition to the building, for office purposes.

All this, to say nothing of essential repairs, is a task of herculean proportions.

NEEDS.

At as early a time as possible careful consideration should be given to the question of alterations and additions to the hospital in order to utilize available spaces to the best advantage, and to provide some relief from the over-crowding, both in wards and employees' quarters, which now prevails. It is most important, also, that facilities and equipment adequate to the expansion of the hospital, all through the years since it was opened, should be provided.

This institution has not sufficient quarters to house its quota of employees. On account of the lack of quarters it is not possible to have our full working quota of medical officers.

Our *kitchen and bakery* should be enlarged and provided with modern equipment. The *congregate dining-room* should be enlarged.

A building should be erected for the *occupational therapy department*.

Alterations in rear centre should provide for an *admission room* for patients.

The *pathological laboratory* should be changed from its present location, and should have an enlarged space.

A *storage house for vegetables*, etc., should be erected, as the loss on perishable products by reason of improper storage is very high.

FARM.

The year's record on the farm has been very successful. Over 400 tons of hay and 700 tons of ensilage have been housed. The average milk produced per cow was 5,096.44 quarts. The total pork production for the year was 62,252 pounds.

RELIGIOUS SERVICES.

Religious services were held regularly each Sunday, the Catholic clergyman officiating in the forenoons, and the Protestant clergyman in the afternoons. Religious services were also held monthly at the Middleton Colony. Responses to sick calls, or to administer the rites of their religion to the dying, have been faithfully made by the clergy.

ACKNOWLEDGMENTS.

The following friends of the hospital have contributed money towards entertainment of the patients, and to provide gifts at the Christmas season for those who had no friends to remember them: — Miss Mary W. Nichols, Salem; Mrs. Robert O'Connell, Newburyport; Dr. L. Vernon Briggs, Boston; Mr. E. B. Kiely, Lynn; Mr. G. W. Myrick, Melrose; Mrs. Martha L. Marston, Danvers; Mr. Ambrose Hodgkins, Rockport; Miss Irene Murphy, Salem; Miss Ida Humphrey, Lawrence; Miss Delia F. Devlin, Salem, N. H.

The following donations by friends of the hospital are gratefully acknowledged: — Mrs. George V. Wallace, Wakefield, magazines; Miss Victoria Pineault, Hathorne, magazines; Mrs. C. M. Burnham, Boston, magazines, also eighteen volumes of "Golden Days"; Mrs. John B. Macdonald, Hathorne, magazines; Mrs. Adam D. Smith, Hathorne, magazines; Mr. H. O. McMillan, Bradford, magazines; Mrs. Eliza B. Chase, Lynn, ten volumes of "Transcontinental Sketches", also Geographic and Cosmopolitan magazines; Church Periodical Club, Boston, magazines; Mrs. Sarah J. Eddy, Bristol, R. I., painting; Miss E. W. Anderson, Lowell, magazines and games; Miss Mary T. Hamlin, Boston, magazines; Mrs. Edith G. Baker, Boston, clothing; Mrs. Agnes Crowe, Hathorne, magazines; Mrs. Galen M. Bowditch, Chelsea, Easter Cards; Rev. John J. Cashman, Danvers, magazines; Danvers State Hospital Alumni Association, \$25.00 for the purchase of books for the Patients' Library; Miss Bertha C. Reynolds, Hathorne, Chataqua ticket for use of patients; Women's Auxiliary of American Legion, Marblehead, Mother's Day cards; and from the various American Legion Units and Auxiliaries have been received several donations of smokes and confections for our ex-service patients.

I desire to record my appreciation of the services rendered our soldier patients by the Women's Auxiliaries, the American Legion Posts in this district, the Knights of Columbus, the Veterans of the World War, and the Disabled Soldiers Christmas Remembrance Committee. Throughout the year, special entertainments were provided for the soldiers, and gifts of tobacco, fruit, delicacies, writing materials and reading matter were generously distributed by these patriotic organizations.

ENTERTAINMENTS AND AMUSEMENTS.

During the winter, dances for the patients were held weekly, and moving pictures exhibited Thursday and Friday evenings. Special entertainments were given at Christmas, New Year's and Fourth of July. Card parties and musical entertainments, vocal and instrumental, furnished additional diversion.

During the summer, baseball was the great attraction for all. Matches between hospital teams and visiting teams were held weekly. Field sports were held on the Fourth of July, in which healthy rivalry and great enthusiasm were evoked.

The Christmas season, as usual, was suitably observed at the hospital. All the wards had Christmas trees, and were elaborately decorated. On Christmas morning carols were sung in all the wards, by a group of singers composed of patients and employees. A generous response was made by friends of patients and the public to our holiday announcements. Every patient was presented with gifts contributed by friends or by the hospital. Friends of the hospital contributed money to provide gifts for those patients who had no near friends to remember them.

CONCLUSION.

I am deeply indebted to a loyal, devoted corps of departmental heads, and to a willing, cooperative staff for services which made possible the success of the year's work. It is with a real sense of appreciation and gratitude that I recall the unselfish loyalty to the institution of these faithful officials.

To the Board of Trustees I desire to tender my heartfelt thanks for their counsel and support.

Respectfully submitted,

JOHN B. MACDONALD,
Superintendent.

TREASURER'S REPORT.

To the Commissioner of the Department of Mental Diseases.

I respectfully submit the following report of the finances of this institution for the fiscal year ending November 30, 1922.

CASH ACCOUNT.

Balance December 1, 1921	\$7,096 19
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Receipts.

<i>Income.</i>	
Board of inmates:	
Private	\$61,072 51
Reimbursements, insane	63,083 50
	\$124,156 01
Personal services:	
Reimbursement from Board of Retirement	171 17
Sales:	
Travel, transportation and office expenses	\$0 05
Food	380 22
Clothing and materials	109 54
Furnishings and household supplies	32 29
Medical and general care	117 30
Farm:	
Cows and calves	\$195 10
Pigs and hogs	1 00
Hides	692 21
Ice	37 50
Sundries	16 00
	941 81
Garage, stable and grounds	242 40
Repairs, ordinary	311 28
	2,134 89
Miscellaneous:	
Interest on bank balances	\$511 87
Rent	150 00
	661 87
	127,123 94

Receipts from Treasury of Commonwealth.

Maintenance appropriations:	
Balance of 1921	\$22,627 03
Advance money (amount on hand Nov. 30)	40,000 00
Approved schedules of 1922	485,882 57
	548,509 60

Special appropriations:	
Balance of 1921	\$6,581 40
Approved schedules of 1922	74,326 05
	80 907 45

Total	\$763,637 18
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Payments.

To Treasury of Commonwealth:	
Institution income	\$127,123 94
Refunds (account of maintenance, \$252.91; account of special appropriations, \$1,197.25)	1,450 16
	\$128,574 10
Amount carried forward	\$128,574 10

<i>Amount brought forward</i>					\$128,574 10
Maintenance appropriations:					
Balance of schedules of previous year				\$31,702 85	
Approved schedules of 1922		\$485,882 57			
Less returned		252 91			
				485,629 66	
November advances				24,097 69	
					541,430 20
Special appropriations:					
Balance of schedules of previous year				\$4,601 77	
Approved schedules of 1922		\$74,326 05			
Less returned		1,197 25			
			\$73,128 80		
Less advances, last year's report				73,128 80	
November advances				3,546 21	
October advances (account of October Schedule Salvage Yard Sheds, approved in December)				221 24	
					81,498 02
Balance, November 30, 1922:					
In bank				\$11,414 20	
In office				720 66	
					12,134 86
Total					\$763,637 18

MAINTENANCE.

Balance from previous year, brought forward				\$22 32
Appropriation, current year				543,665 00
Total				\$543,687 32
Expenses (as analyzed below)				541,478 98
Balance reverting to Treasury of Commonwealth				\$2,208 34

Analysis of Expenses.

Personal services				\$241,913 53
Religious instruction				1,776 61
Travel, transportation and office expenses				5,572 76
Food				103,034 08
Clothing and materials				14,990 80
Furnishings and household supplies				30,745 52
Medical and general care				26,311 58
Heat, light and power				61,996 14
Farm				19,571 50
Garage, stable and grounds				6,982 88
Repairs, ordinary				16,699 78
Repairs and renewals				11,883 80
Total expenses for maintenance				\$541,478 98

SPECIAL APPROPRIATIONS.

Balance December 1, 1921				\$165,456 95
Appropriations for current year				2,750 00
Total				\$168,206 95
Expended during the year (see statement below)				79,064 76
Balance November 30, 1922, carried to next year				\$89,142 19

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Total expended to Date.	Balance at End of Year.
Power Plant	629 of 1920	\$250,000 00	\$77,134 38	\$211,677 43	\$38,322 57
Electrical, Refrigerating and Lighting Plant	203 of 1921	50,000 00	63 60	63 60	49,936 40
Salvage Yard Sheds	129 of 1922	2,750 00	1,866 78	1,866 78	883 22
		\$302,750 00	\$79,064 76	\$213,607 81	\$89,142 19

RESOURCES AND LIABILITIES.

Resources.

Cash on hand	\$12,134 86	
November cash vouchers (paid from advance money):		
Account of maintenance	\$24,097 69	
Account of special appropriations	3,546 21	
Account of October Schedule Salvage Yard Sheds	221 24	
	<hr/>	
	27,865 14	\$40,000 00
Due from Treasury of Commonwealth from available appropriation account		
November, 1922, schedule		15,849 32
Account of Nov., 1922, Special Appropriations schedules		5,714 72
Account of Oct., 1922, Special Schedule Salvage Yard Sheds		221 24
		<hr/>
		\$61,785 28

Liabilities.

Outstanding schedules of current year:		
Schedule of November bills		\$55,849 32
Schedule of November bills, Special Appropriations		5,714 72
Schedule of Oct. bills, Salvage Yard Sheds, approved in December		221 24
		<hr/>
		\$61,785 28

PER CAPITA.

During the year the average number of inmates has been 1,641.86.
 Total cost for maintenance, \$541,478.98.
 Equal to a weekly per capita cost of \$6.3422.
 Receipt from sales, \$2,134.89.
 Equal to a weekly per capita of \$0.0250.
 All other institution receipts, \$124,989.05.
 Equal to a weekly per capita of \$1.4639.
 Net weekly per capita, \$4.8533.

Respectfully submitted,

GLADYS E. LEACH,
Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

ALONZO B. COOK,
Auditor.

VALUATION.

Nov. 30, 1922.

REAL ESTATE.

Land (517 acres)	\$88,400	00
Buildings	2,469,523	11
	<u>\$2,557,923</u>	<u>11</u>

PERSONAL PROPERTY.

PERSONAL PROPERTY.			
Travel, Transportation and Office Supplies	.	.	\$4,801 45
Food	.	.	20,240 50
Clothing and Materials	.	.	11,655 36
Furnishings and Household Supplies	.	.	107,069 61
Medical and General Care	.	.	11,957 72
Heat, Light and Power	.	.	26,713 28
Farm	.	.	48,139 33
Stable and Garage	.	.	10,402 28
Repairs	.	.	20,790 73
			<hr/>
			\$261,770 26

SUMMARY.

Real Estate	\$2,557,923	11
Personal Property	261,770	26
	<u>\$2,819,693</u>	<u>37</u>

STATISTICAL TABLES

AS ADOPTED BY AMERICAN PSYCHIATRIC ASSOCIATION

PRESCRIBED BY MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES

STATISTICAL TABLES.

TABLE 1. — *General Information.*

1. Date of opening as an institution for the insane: May 13, 1878.			
2. Type of institution: State.			
3. Hospital plant:			
Value of hospital property:			
Real estate, including buildings		\$2,557,923	11
Personal property		261,770	26
Total		\$2,819,693	37
Total acreage of hospital property, 517.			
Acreage under cultivation during year, 347.			
4. Medical service (Nov. 30, 1922):	Males.	Females.	Totals.
Superintendent	1	—	1
Assistant physicians	9	—	9
Medical internes	—	—	—
Clinical assistants	—	—	—
Total physicians	10	—	10
5. Employees (Nov. 30, 1922):	Males.	Females.	Totals.
Steward	1	—	1
Resident dentist	1	—	1
Graduate nurses	—	15	15
Other nurses and attendants	57	78	135
Teachers of occupational therapy	—	2	2
Social workers	—	2	2
All other officers and employees	85	49	134
	144	146	290
6. Number of patients employed in industrial classes or in general hospital work on date of report (Thanksgiving Day)	Males.	Females.	Totals.
	165	207	372
7. Patients in institution on date of report (excluding paroles)	682	924	1,606

TABLE 2. — *Financial Statement.*

See Treasurer's report for data under this table.

TABLE 4. — *Nativity of First Admissions and of Parents of First Admissions for the Year ending September 30, 1922.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	Males.	Females.	Totals.	Fathers.	Mothers.	Both Parents.	Fathers.	Mothers.	Both Parents.
United States	165	126	291	81	77	158	72	74	146
Africa	—	29	29	—	—	—	37	35	72
Austria	1	2	3	1	1	2	3	2	5
Canada ¹	36	—	36	52	50	102	—	—	—
England	5	2	7	9	12	21	7	6	13
Finland	2	1	3	4	4	8	1	1	2
France	—	1	1	—	1	1	2	2	4
Germany	4	4	8	5	5	10	5	5	10
Greece	4	1	5	4	4	8	1	1	2
Holland	1	—	1	1	1	2	—	—	—
Hungary	—	1	1	—	—	—	1	1	2
Ireland	17	29	46	54	59	113	51	46	97
Italy	8	11	19	9	9	18	14	13	27
Norway	—	—	—	—	—	—	2	1	3
Poland	4	3	7	3	4	7	3	3	6
Portugal	1	—	1	1	1	2	1	1	2
Russia	18	10	28	19	17	36	11	12	23
Scotland	4	2	6	7	6	13	5	2	7
Sweden	2	6	8	4	3	7	5	6	11
Switzerland	—	1	1	—	—	—	1	1	2
Turkey in Asia	1	2	3	1	1	2	2	2	4
Wales	—	—	—	1	—	1	—	—	—
West Indian ²	—	1	1	—	—	—	—	—	—
Unascertained	3	2	5	20	21	41	10	20	30
Total	276	234	510	276	276	552	234	234	468

¹ Includes Newfoundland.² Except Cuba and Porto Rico.TABLE 5. — *Citizenship of First Admissions for the Year ending September 30, 1922.*

	Males.	Females.	Totals.
Citizens by birth	169	128	297
Citizens by naturalization	43	37	80
Aliens	43	32	75
Citizenship unascertained	21	37	58
Total	276	234	510

TABLE 6. — *Psychoses of First Admissions for the Year ending September 30, 1922.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	—	—	—	2	—	2
2. Senile	—	—	—	15	23	38
3. With cerebral arteriosclerosis	—	—	—	34	38	72
4. General paralysis	—	—	—	32	9	41
5. With cerebral syphilis	—	—	—	2	—	2
6. With Huntington's chorea	—	—	—	1	—	1
7. With brain tumor	—	—	—	2	2	4

TABLE 6. — *Psychoses of First Admissions for the Year ending September 30, 1922 — Concluded.*

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
8. With other brain or nervous diseases, total	.	.	.	2	2	4
(a) Cerebral embolism	.	.	.			
(b) Paralysis agitans	.	.	.			
(c) Meningitis, tubercular or other forms	.	.	.			
(d) Multiple sclerosis	.	.	.			
(e) Tabes dorsalis	1	.	1			
(f) Acute chorea	.	.	.			
(g) Other diseases	1	.	1			
Tumor undetermined	.	2	2			
9. Alcoholic, total	.	.	.	45	7	52
(a) Delirium tremens	9	.	9			
(b) Korsakow's psychosis	1	1	2			
(c) Acute hallucinosis	20	2	22			
(d) Other types, acute or chronic	15	4	19			
10. Due to drugs and other exogenous toxins, total	.	.	.	4	—	4
(a) Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined	4	—	4			
(b) Metals, as lead, arsenic, etc.	—	—	—			
(c) Gases	—	—	—			
(d) Other exogenous toxins	—	—	—			
11. With pellagra	.	.	.	—	—	—
12. With other somatic diseases, total	.	.	.	13	11	24
(a) Delirium with infectious diseases	—	—	—			
(b) Post-infectious psychosis	2	—	2			
(c) Exhaustion delirium	—	1	1			
(d) Delirium of unknown origin	—	—	—			
(e) Cardio-renal diseases	5	6	11			
(f) Diseases of the ductless glands	1	2	3			
(g) Other diseases or conditions	5	2	7			
13. Manic-depressive, total	.	.	.	25	29	54
(a) Manic type	12	17	29			
(b) Depressive type	11	9	20			
(c) Other types	2	3	5			
14. Involution melancholia	.	.	.	8	16	24
15. Dementia præcox (schizophrenia)	.	.	.	51	46	97
16. Paranoia and paranoid conditions	.	.	.	—	6	6
17. Epileptic psychoses	.	.	.	4	4	8
18. Psychoneuroses and neuroses, total	.	.	.	2	4	6
(a) Hysterical type	—	4	4			
(b) Psychasthenic type (anxiety and obsessive forms)	1	—	1			
(c) Neurasthenic type	1	—	1			
(d) Other types	—	—	—			
19. With psychopathic personality	.	.	.	2	2	4
20. With mental deficiency	.	.	.	7	13	20
21. Undiagnosed	.	.	.	15	15	30
22. Without psychosis, total	.	.	.	10	7	17
(a) Epilepsy without psychosis	—	—	—			
(b) Alcoholism without psychosis	5	1	6			
(c) Drug addiction without psychosis	—	—	—			
(d) Psychopathic personality without psychosis	2	1	3			
(e) Mental deficiency without psychosis	2	4	6			
(f) Others	1	1	2			
Total	.	.	.	276	234	510

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1922.*

RACE.	TOTAL.			PSYCHOSES.																		
				TRAUMATIC.			SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			WITH CEREBRAL SYPHILIS.			WITH HUNTINGTON'S CHOREA.		WITH BRAIN TUMOR	
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	
African (black)	2	1	3																			
Armenian	1	1	2																			
Dutch and Flemish	74	62	136																			
English	4	1	5																			
Finnish	26	24	50																			
French	6	8	14																			
German	5	2	7																			
Greek	73	61	134																			
Irish	12	13	25																			
Italian ¹	1	1	2																			
Lithuanian	1	1	2																			
Magyar	1	1	2																			
Portuguese	1	1	2																			
Scandinavian ²	3	7	10																			
Scotch	8	12	20																			
Slavonic ³	21	12	33																			
Syrian	2	3	5																			
Mixed	8	5	13																			
Race unascertained	30	19	49																			
Total	276	234	510	2	2	4	34	38	72	32	9	41	2	2	4	1	1	2	2	4	4	

¹ Includes "North" and "South."² Norwegians, Danes and Swedes.³ Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1922 — Concluded.*

RACE.	PSYCHOSES.											
	PARANOIA AND PARANOID CONDITIONS.			EPILEPTIC.			PSYCHONEUROSES AND NEUROSES.			WITH PSYCHOPATHIC PERSONALITY.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
African (black)	1	.	.	.	.	.
Armenian	1	.	.	.	.	.
Dutch and Flemish	1	1	2	1	2	3
English	.	1	1	.	2	2	1	1	2	1	1	2
Finnish	1	.	.	.	.	.
French	.	1	1	1	1	2	1	.	.	.	.	.
German	.	1	1	1	1	2	1	.	.	.	.	.
Greek	1	1	2	1	1	2
Irish	.	.	.	3	1	4	1	.	.	.	.	.
Italian	.	4	4	1	1	2	1	.	.	.	.	.
Lithuanian	.	.	.	1	1	2	1	.	.	.	.	.
Magyar	1	.	.	.	.	.
Portuguese	1	.	.	.	.	.
Scandinavian	1	.	.	.	.	.
Scotch	1	.	.	.	.	.
Slavonic	1	.	.	.	.	.
Syrian	1	1	2	1	1	2
Mixed	1	1	2	1	1	2
Race unascertained	1	1	2	1	1	2
Total	6	6	12	4	4	8	2	4	6	7	13	20
	15	15	30	15	15	30	15	15	30	10	7	17

TABLE 8. — Age of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1922.

PSYCHOSES.	TOTAL.			YEARS.																				
	Males.	Females.	Totals.	UNDER 15.			15-19.			20-24.			25-29.			30-34.			35-39.			40-44.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
1. Traumatic	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2. Senile	15	23	38	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3. With cerebral arteriosclerosis	34	38	72	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
4. General paralysis	32	9	41	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5. With cerebral syphilis	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6. With Huntington's chorea	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. With brain tumor	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. With other brain or nervous diseases	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9. Alcoholic	45	7	52	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10. Due to drugs and other exogenous toxins	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12. With other somatic diseases	13	11	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13. Manic-depressive	24	29	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14. Involution melancholia	9	16	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15. Dementia precox	51	46	97	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
16. Paranoia or paranoid conditions	—	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
17. Epileptic	4	4	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
18. Psychoneuroses and neuroses	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
19. With psychopathic personality	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
20. With mental deficiency	7	13	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
21. Undiagnosed	15	15	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
22. Without psychosis	10	7	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total	276	234	510	—	3	3	19	9	28	33	24	57	20	19	39	31	29	60	22	14	36	—	—	

TABLE 8. — *Age of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1922 — Concluded.*

PSYCHOSES.	YEARS.												UNASCR- TAINED.						
	45-49.			50-54.			55-59.			60-64.			65-69.			70 AND OVER.			Totals.
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	
1. Traumatic	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1
2. Senile	1	1	2	2	2	4	4	3	7	6	8	14	3	4	7	1	2	3	1
3. With cerebral arteriosclerosis	5	5	10	3	3	6	1	1	2	2	8	10	10	9	19	15	20	35	1
4. General paralysis	1	1	2	1	1	2	1	1	2	6	6	12	1	1	2	1	1	2	1
5. With cerebral syphilis	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1
6. With Huntington's chorea	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1
7. With brain tumor	1	1	2	2	2	4	7	7	14	3	3	6	1	1	2	1	1	2	1
8. With other brain or nervous diseases	6	1	7	2	2	4	7	7	14	3	3	6	1	1	2	1	1	2	1
9. Alcoholic	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1
10. Due to drugs and other exogenous toxins	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1
11. With pellagra	1	1	2	1	1	2	2	2	4	1	1	2	1	1	2	1	1	2	1
12. With other somatic diseases	2	3	5	1	1	2	3	2	5	1	1	2	1	1	2	1	1	2	1
13. Manic-depressive	4	3	7	1	1	2	3	2	5	1	1	2	1	1	2	1	1	2	1
14. Involution melancholia	1	9	10	3	3	6	2	2	4	1	1	2	1	1	2	1	1	2	1
15. Dementia precox	1	1	2	3	4	7	2	2	4	1	1	2	1	1	2	1	1	2	1
16. Paranoia or paranoid conditions	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1
17. Epileptic	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1
18. Psychoneuroses and neuroses	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1
19. With psychopathic personality	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1
20. With mental deficiency	2	2	4	3	2	5	1	1	2	1	1	2	1	1	2	1	1	2	1
21. Undiagnosed	1	1	2	2	1	3	1	1	2	1	1	2	1	1	2	1	1	2	1
22. Without psychosis	1	1	2	2	1	3	1	1	2	1	1	2	1	1	2	1	1	2	1
Total	21	28	49	27	25	52	22	8	30	21	15	36	22	13	35	28	39	67	1

TABLE 9. — *Degree of Education of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1922.*

PSYCHOSES.	TOTAL.			ILLITERATE.			READS AND WRITES.			COMMON SCHOOL.			HIGH SCHOOL.			COLLEGE.			UNASCERTAINED.	
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.
1. Traumatic	2	—	2	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—
2. Senile	15	23	38	—	1	2	3	5	8	10	14	24	1	2	3	—	—	—	—	—
3. With cerebral arteriosclerosis	34	38	72	2	2	4	2	8	10	23	23	46	6	4	10	1	—	—	1	—
4. General paralysis	32	9	41	1	—	1	6	2	8	21	6	27	2	—	3	1	—	—	1	—
5. With cerebral syphilis	2	—	2	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—
6. With Huntington's chorea	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—
7. With brain tumor	2	2	4	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	2	2	4	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—
9. Alcoholic	45	7	52	4	1	5	16	2	18	20	4	24	2	—	2	—	—	—	3	—
10. Due to drugs and other exogenous toxins	4	—	4	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	13	11	24	1	—	1	—	2	2	9	8	17	2	1	3	—	—	—	—	—
13. Manic-depressive	24	20	44	—	2	2	3	5	8	15	14	29	5	8	13	1	—	—	1	—
14. Involution melancholia	9	16	25	—	—	—	8	1	9	10	10	20	4	4	8	—	—	—	—	—
15. Dementia precox	51	46	97	1	4	5	6	3	9	33	29	62	9	8	17	1	—	—	1	—
16. Paranoia or paranoid conditions	—	6	6	—	1	1	—	—	—	—	4	4	—	—	—	—	—	—	—	—
17. Epileptic	4	4	8	—	1	1	—	—	—	—	3	7	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	2	2	4	—	—	—	—	—	—	1	1	2	1	—	—	—	—	—	—	—
19. With psychopathic personality	2	2	4	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—
20. With mental deficiency	13	20	33	2	2	4	1	3	4	4	8	12	—	—	—	—	—	—	—	—
21. Undiagnosed	15	15	30	—	1	1	3	3	6	10	14	24	—	—	—	—	—	—	1	—
22. Without psychosis	10	7	17	2	2	4	2	4	6	4	1	5	1	—	1	—	—	—	—	—
Total	276	234	510	14	17	31	51	36	87	166	144	310	31	31	62	6	3	9	8	3

TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1922.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	2	—	2	2	—	2	—	—	—	—	—	—
2. Senile	15	23	38	14	22	36	1	1	2	—	—	—
3. With cerebral arteriosclerosis	34	38	72	31	36	67	3	2	5	—	—	—
4. General paralysis	32	9	41	29	9	38	3	—	3	—	—	—
5. With cerebral syphilis	2	—	2	2	—	2	—	—	—	—	—	—
6. With Huntington's chorea	1	—	1	1	—	1	—	—	—	—	—	—
7. With brain tumor	2	2	4	2	2	4	—	—	—	—	—	—
8. With other brain or nervous diseases	2	2	4	2	2	4	—	—	—	—	—	—
9. Alcoholic	45	7	52	41	7	48	4	—	4	—	—	—
10. Due to drugs and other exogenous toxins	4	—	4	4	—	4	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	13	11	24	12	10	22	1	1	2	—	—	—
13. Manic-depressive	24	29	53	24	28	52	—	—	—	—	—	—
14. Involution melancholia	9	16	25	8	16	24	1	—	1	—	—	—
15. Dementia praecox	51	46	97	50	46	96	1	—	1	—	—	—
16. Paranoia or paranoid conditions	—	6	6	—	6	6	—	—	—	—	—	—
17. Epileptic	4	4	8	4	3	7	—	1	1	—	—	—
18. Psychoneuroses and neuroses	2	4	6	2	4	6	—	—	—	—	—	—
19. With psychopathic personality	2	2	4	2	1	3	—	1	1	—	—	—
20. With mental deficiency	7	13	20	6	12	18	1	1	2	—	—	—
21. Undiagnosed	15	15	30	15	14	29	—	—	—	—	—	—
22. Without psychosis	10	7	17	9	7	16	1	—	1	—	—	—
Total	276	234	510	260	225	485	16	9	25	—	—	—

TABLE 11. — *Economic Condition of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1922.*

Psychoses.	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	2	—	2	—	—	—	2	—	2	—	—	—	—	—	—
2. Senile	15	23	38	5	6	11	5	8	13	5	6	11	—	3	3
3. With cerebral arteriosclerosis	34	38	72	5	15	20	7	9	16	22	11	33	—	3	3
4. General paralysis	32	9	41	2	3	5	8	2	10	21	4	25	1	—	1
5. With cerebral syphilis	2	—	2	2	—	2	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—
7. With brain tumor	2	2	4	—	—	—	1	—	1	1	—	—	—	1	1
8. With other brain or nervous diseases	2	2	4	—	—	—	1	1	2	1	1	2	—	—	—
9. Alcoholic	45	7	52	4	1	5	20	6	26	19	1	20	2	—	2
10. Due to drugs and other exogenous toxins	4	—	4	—	—	—	1	—	1	3	—	3	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	13	11	24	1	—	—	10	5	15	2	6	8	—	—	—
13. Manic-depressive	24	29	53	2	2	4	11	11	22	11	13	24	—	3	3
14. Involution melancholia	9	16	25	2	1	3	1	8	9	6	6	12	—	1	1
15. Dementia precox	51	46	97	2	15	17	21	14	35	28	15	43	—	2	2
16. Paranoia or paranoid conditions	—	6	6	—	1	1	—	—	—	—	5	5	—	—	—
17. Epileptic	4	4	8	1	2	3	1	1	2	2	2	4	—	—	—
18. Psychoneuroses and neuroses	2	4	6	—	2	2	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	2	2	4	2	1	3	—	—	—	2	1	3	—	1	1
20. With mental deficiency	7	13	20	1	7	8	4	4	8	2	6	8	—	—	—
21. Undiagnosed	15	15	30	1	3	4	7	5	12	6	6	12	1	1	2
22. Without psychosis	10	7	17	2	3	5	5	2	7	3	2	5	—	—	—
Total	276	234	510	32	62	94	165	77	182	135	80	215	4	15	19

TABLE 12. — Use of Alcohol by First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1922.

PSYCHOSES.	TOTAL.			ABSTINENT.			TEMPERATE.			INTERTEMPERATE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	2	—	2	—	—	—	2	—	2	—	—	—	—	—	—
2. Senile	15	23	38	6	18	24	7	8	15	2	1	3	—	1	1
3. With cerebral arteriosclerosis	34	38	72	9	26	35	17	11	28	5	1	6	3	3	6
4. General paralysis	32	9	41	6	3	9	16	1	17	7	4	11	3	1	4
5. With cerebral syphilis	2	—	2	—	—	—	2	—	2	—	—	—	—	—	—
6. With Huntington's chorea	1	—	1	1	—	1	2	—	2	—	—	—	—	—	—
7. With brain tumor	2	2	4	1	2	3	—	—	—	2	—	2	—	—	—
8. With other brain or nervous diseases	2	2	4	1	2	3	—	—	—	1	—	1	—	—	—
9. Alcoholic	45	7	52	2	2	4	—	—	—	45	7	52	—	—	—
10. Due to drugs and other exogenous toxins	4	—	4	2	—	2	1	—	1	—	—	—	—	—	—
11. With pellagra	—	—	—	7	—	7	6	—	6	—	—	—	—	—	—
12. With other somatic diseases	13	11	24	12	15	27	6	12	18	4	—	4	2	2	2
13. Manic-depressive	24	29	53	3	11	14	6	4	10	1	—	1	2	2	4
14. Involution melancholia	9	16	25	23	33	56	18	8	26	10	2	12	—	3	3
15. Dementia precox	51	46	97	—	5	5	—	1	1	1	—	—	—	—	—
16. Paranoia or paranoid conditions	—	6	6	—	3	3	1	1	2	1	—	—	1	—	1
17. Epileptic	4	4	8	1	2	3	2	1	3	—	—	—	—	—	—
18. Psychoneuroses and neuroses	2	2	4	—	2	2	—	—	—	1	1	2	—	1	1
19. With psychopathic personality	2	2	4	3	10	13	2	—	2	1	2	3	1	1	2
20. With mental deficiency	7	13	20	6	8	14	2	3	5	6	4	10	1	1	2
21. Undiagnosed	15	15	30	6	8	14	2	3	5	4	4	8	—	—	—
22. Without psychosis	10	7	17	4	1	5	2	1	3	—	—	—	—	1	1
Total	276	234	510	85	149	234	90	41	131	90	28	118	11	16	27

TABLE 13. — *Marital Condition of First Admissions classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1922.*

Psychoses.	TOTAL.		SINGLE.		MARRIED.		WIDOWED.		SEPARATED.		DIVORCED.		UNASCERTAINED.	
	Males.	Females.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	2	2	1	1	2	1	1	2	1	1	2	1	1	2
2. Senile	15	23	3	5	8	11	3	14	1	15	16	1	1	2
3. With cerebral arteriosclerosis	34	38	7	4	11	22	12	34	8	20	28	1	1	2
4. General paralysis	32	9	4	1	5	21	5	26	3	3	6	1	1	2
5. With cerebral syphilis	2	2	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea	2	2	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor	2	2	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases	45	7	20	1	21	16	3	19	7	3	10	2	1	3
9. Alcoholic	4	4	2	2	4	1	1	2	1	1	2	1	1	2
10. Due to drugs and other exogenous toxins	13	11	3	2	5	6	7	13	4	2	6	1	1	2
11. With pellagra	24	29	12	5	17	11	20	31	1	4	5	1	1	2
12. With other somatic diseases	9	16	2	2	4	9	10	19	2	3	5	1	1	2
13. Manic-depressive	51	46	35	23	58	13	10	23	4	4	8	1	1	2
14. Involution melancholia	4	6	3	3	6	2	2	4	1	1	2	1	1	2
15. Dementia precox	4	4	3	3	6	2	2	4	1	1	2	1	1	2
16. Paranoia or paranoid conditions	2	2	1	1	2	1	1	2	1	1	2	1	1	2
17. Epileptic	2	2	1	1	2	1	1	2	1	1	2	1	1	2
18. Psychoneuroses and neuroses	7	13	6	9	15	1	4	5	1	1	2	1	1	2
19. With psychopathic personality	15	15	3	9	12	6	6	12	1	1	2	1	1	2
20. With mental deficiency	10	7	3	2	5	7	5	12	1	1	2	1	1	2
21. Undiagnosed	276	234	113	69	182	128	101	229	31	59	90	4	4	8
22. Without psychosis	276	234	113	69	182	128	101	229	31	59	90	4	4	8
Total	276	234	113	69	182	128	101	229	31	59	90	4	4	8

TABLE 14. — *Psychoses of Readmissions for the Year ending Sept. 30, 1922.*

PSYCHOSES.	Males.	Females.	Totals.
1. Traumatic	1	—	1
2. Senile	—	—	—
3. With cerebral arteriosclerosis	3	2	5
4. General paralysis	2	2	4
5. With cerebral syphilis	3	1	4
6. With Huntington's chorea	—	—	—
7. With brain tumor	—	1	1
8. With other brain or nervous diseases	—	1	1
9. Alcoholic	11	1	12
10. Due to drugs and other exogenous toxins	—	1	1
11. With pellagra	—	—	—
12. With other somatic diseases	2	2	4
13. Manic-depressive	18	31	49
14. Involution melancholia	1	4	5
15. Dementia præcox	19	29	48
16. Paranoia and paranoid conditions	1	2	3
17. Epileptic	1	2	3
18. Psychoneuroses and neuroses	1	2	3
19. With psychopathic personality	4	1	5
20. With mental deficiency	1	6	7
21. Undiagnosed	—	1	1
22. Without psychosis	1	3	4
Total	69	91	160

TABLE 15. — Discharges of Patients classified with Reference to Principal Psychoses and Condition on Discharge for the Year ending Sept. 30, 1922.

PSYCHOSES.	TOTAL.			RECOVERED.			IMPROVED.			UNIMPROVED.			NOT INSANE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	1	7	8	—	—	—	—	—	—	1	1	2	—	—	—
2. Senile	3	5	8	—	—	—	—	—	—	2	4	6	—	—	—
3. With cerebral arteriosclerosis	4	2	6	—	—	—	—	—	—	2	1	3	—	—	—
4. General paralysis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	23	2	25	3	—	3	18	2	20	2	—	2	—	—	—
9. Alcoholic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	4	11	15	—	—	—	4	9	13	—	—	—	—	—	—
12. With other somatic diseases	21	26	47	1	1	2	19	23	42	1	3	4	—	—	—
13. Manic-depressive	1	5	6	—	—	—	—	4	4	—	—	—	—	—	—
14. Involution melancholia	34	42	76	—	—	—	29	35	64	5	7	12	—	—	—
15. Dementia precox	1	2	3	—	—	—	1	2	3	—	—	—	—	—	—
16. Paranoia or paranoid conditions	2	2	4	—	—	—	2	1	3	—	—	—	—	—	—
17. Epileptic	7	4	11	—	—	—	6	4	10	1	1	2	—	—	—
18. Psychoneuroses and neuroses	5	8	13	—	—	—	5	—	5	—	—	—	—	—	—
19. With psychopathic personality	4	8	12	—	—	—	3	6	9	1	2	3	—	—	—
20. With mental deficiency	6	5	11	—	—	—	3	5	8	2	1	3	—	—	—
21. Undiagnosed	4	7	11	—	—	—	1	1	2	—	—	—	3	5	8
22. Without psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	124	129	253	4	1	5	99	103	202	18	20	38	3	5	8

TABLE 16. — *Causes of Death of Patients classified with Reference to Principal Psychoses for the Year ending Sept. 30, 1922.*

CAUSES OF DEATH.	TOTAL.			PSYCHOSES.											
	Males.	Females.	Totals.	SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			ALCOHOLIC.		
				Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
<i>General Diseases.</i>															
Diphtheria	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Septicæmia	3	6	9	—	—	—	1	1	2	—	—	—	1	1	1
Tuberculosis of lungs	6	6	12	—	—	—	—	—	—	—	—	—	2	—	2
Other forms of tuberculosis	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Other general diseases	2	—	2	—	—	—	—	—	—	—	—	1	—	—	1
<i>Nervous System.</i>															
Cerebro-spinal meningitis	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
Diseases of spinal cord	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Apoplexy (cerebral hemorrhage)	9	7	16	1	3	4	5	3	8	1	—	1	—	—	1
General paralysis of insuæ	23	7	30	—	—	—	—	—	—	23	7	30	—	—	—
Exhaustion from other mental diseases	6	10	16	—	2	2	—	—	—	—	—	—	—	2	3
Epilepsy	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
<i>Circulatory System.</i>															
Endocarditis and myocarditis	4	3	7	—	1	1	—	—	—	1	—	1	1	—	2
Other diseases of the heart	1	1	2	—	—	—	1	11	18	—	1	1	—	—	—
Arteriosclerosis	9	15	24	1	3	4	7	—	—	—	—	—	—	—	—
Other diseases of the arteries	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
<i>Respiratory System.</i>															
Bronchitis	1	1	2	—	1	1	—	—	—	—	—	—	—	—	—
Bronchopneumonia	43	32	75	13	13	26	11	3	14	5	1	6	1	2	3
Lobar pneumonia	—	5	5	—	2	2	—	1	1	—	—	—	—	—	—
Other diseases of the respiratory system	2	1	3	—	—	—	—	—	—	1	—	1	—	—	—

<i>Digestive System.</i>														
Carcinoma of stomach . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Diarrhea and enteritis . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Hernia and intestinal obstruction . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Other diseases of intestines (ileocolitis) . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Other diseases of digestive system (cancer and tuberculosis excepted)	.	.	.	.	.	.	.	.	.	.	.	.	.	.
<i>Genitourinary System.</i>														
Acute nephritis . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Chronic nephritis . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.
<i>Diseases of the Skin.</i>														
Other diseases of the skin . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.
<i>Violence.</i>														
Suicide . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Accidental asphyxiation . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Accidental traumatism . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Total	5	2	7	8	20	28	2	4	4	4	8	19	13	32

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Principal Psychoses for the Year ending Sept. 30, 1922.*

PSYCHOSES.	TOTAL.			MONTHS.						YEARS.					
				LESS THAN 1.		1-3.		4-7.		8-12.		1-2.		3-4.	
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic	18	28	46	5	8	13	4	2	6	2	2	4	2	8	10
2. Senile	26	23	49	10	6	16	5	9	14	4	4	8	2	1	3
3. With cerebral arteriosclerosis	34	9	43	4	1	5	9	1	9	2	1	3	4	5	9
4. General paralysis	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2
5. With cerebral syphilis	3	1	4	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor	7	4	11	2	1	3	3	1	4	1	1	2	1	1	2
8. With other brain or nervous diseases	7	1	8	1	1	2	1	1	2	1	1	2	1	1	2
9. Alcoholic	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
10. Due to drugs and other exogenous toxins	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra	6	1	7	3	3	6	1	1	2	1	1	2	1	1	2
12. With other somatic diseases	3	11	14	1	2	3	1	1	2	1	1	2	1	1	2
13. Manic-depressive	5	2	7	1	1	2	2	1	3	1	1	2	1	1	2
14. Involution melancholia	8	20	28	1	4	5	2	1	3	1	1	2	1	1	2
15. Dementia precox	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2
16. Paranoia or paranoid conditions	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2
17. Epileptic	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2
18. Psychoneuroses and neuroses	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2
19. With psychopathic personality	7	11	18	5	8	13	1	1	2	1	1	2	1	1	2
20. With mental deficiency	7	11	18	5	8	13	1	1	2	1	1	2	1	1	2
21. Undiagnosed	126	114	240	32	26	58	26	15	41	12	11	23	10	20	30
22. Without psychosis															
Total	126	114	240	32	26	58	26	15	41	12	11	23	10	20	30

Psychoses.	YEARS.																	
	5-6.			7-8.			9-10.			11-12.		13-14.		15-19.		20 AND OVER.		
	Males.		Totals.	Males.		Totals.	Males.		Totals.	Males.		Totals.	Males.		Totals.	Males.		Totals.
1. Traumatic	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
2. Senile	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
3. With cerebral arteriosclerosis	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
4. General paralysis	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
5. With cerebral syphilis	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
6. With Huntington's chorea	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
7. With brain tumor	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
8. With other brain or nervous diseases	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
9. Alcoholic	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
10. Due to drugs and other exogenous toxins	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
11. With pellagra	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
12. With other somatic diseases	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
13. Manic-depressive	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
14. Involution melancholia	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
15. Dementia precox	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
16. Paranoia or paranoid conditions	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
17. Epileptic	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
18. Psychoneuroses and neuroses	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
19. With psychopathic personality	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
20. With mental deficiency	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
21. Undiagnosed	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
22. Without psychosis	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	2	3
Total	2	7	9	3	-	3	1	4	5	2	2	4	4	2	6	2	4	6

TABLE 19. — *Family-care Department.*

	Males.	Females.	Totals.
Remaining Sept. 30, 1921	—	19	19
Admitted within the year	—	2	2
Whole number of cases within the year	—	21	21
Dismissed within the year	—	2	2
Returned to the institution	—	2	2
Discharged	—	—	—
Died	—	—	—
Remaining Sept. 30, 1922	—	19	19
Supported by State	—	16	16
Private	—	3	3
Self-supporting	—	—	—
Number of different persons within the year	—	21	21
Number of different persons admitted	—	2	2
Number of different persons dismissed	—	2	2
Daily average number	—	19.490	19.490
State	—	16.490	16.490
Private	—	3.000	3.000
Self-supporting	—	—	—